

Name (optional)\_\_\_\_\_

Date:

**Please Complete this Evaluation  
Westerly, Hopkinton & Richmond Land Use Inventory Process  
RI Source Water Assessment Program**

1. Did the training session prepare you for the inventory project?

**YES**

**NO**

2. What suggestions, if any, do you have for improving the training session?

3. Before this project, how much experience did you have reading maps?

**No experience**

**Some experience**

**A lot of experience**

4. Did you find the maps easy to read?

**YES**

**NO**

If NO, please describe the problems that you had with the maps.

5. Approximately how many hours did you spend completing the windshield survey?

\_\_\_\_\_ hours

6. What problems did you encounter in the field?

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7. Please suggest additional materials that we should provide in the future:

8. Did you have any trouble filling out the tables? If so, please describe below.

9. Was three weeks enough time to complete the inventory project?

**YES**

**NO**

If NO, how much time would you have preferred? \_\_\_\_\_ weeks

10. What advice, if any, do you have for future volunteers?